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PRE-NATAL CLINICS IN SYRACUSE

by H. W. SCHOENECK, M. D.

Syracuse Department of Health



PRE-NATAL clinics, with diagnostic and advisory functions, seem to have definitely established for themselves a place in the field of preventive medicine. Care at the pre-natal clinic brings to light the earliest manifestation of intercurrent diseases and of those disturbances in health which at times complicate the pregnant state. Difficult deliveries are anticipated. Through the lectures at the mothers' health conferences the patient is taught proper personal hygiene and is instructed in regard to preparation for her confinement and the care of the baby.

In Syracuse these clinics serve both patients who are referred by private physicians or midwives, and those who are not under the care of a physician and are not able to pay for medical care. The care given

the women of the first group varies according to the wish of the physician or midwife. Some are permitted to attend clinics for observation; others receive instruction at the mothers' health conferences; and still others receive both types of care. A permit in writing from the physician or midwife is required before either of these services is given.

Associated with the clinics and operated by the same personnel is a so-called "pre-natal home-nursing supervisory service," which offers three types of service in the home: (a) instruction in personal hygiene and care; (b) instructions as to the preparation for confinement; and (c) bi-weekly visits by the pre-natal nurse up to the seventh month and weekly visits thereafter until confinement. During these visits the patient is observed for signs and symptoms suggestive of complications of pregnancy and intercurrent diseases.

This home care makes it unnecessary for the patient to attend clinics. For obvious reasons it is the form of service most acceptable to the private physician and midwife.

The second class of patients—those who are not under the care of a physician and are not able to pay for medical care—

THE Syracuse Health Department, as a part of its public health program, maintains various clinics—diagnostic, well-baby, preschool, chest, diphtheria prevention, vaccination, orthopedic, and venereal disease. In the first article, Dr. Henry W. Schoeneck, of the City Health Department, describes the service offered in the City's pre-natal clinics. (In a second article, Louise Franklin Bache, Acting Director of the Bureau of Health Education, gives some valuable suggestions for making clinic rooms attractive and educational.

receive not only pre-natal care at the clinics but also partum and post-partum care in the hospital wards or in the home. If the confinement takes place in the home the patient is at-

tended by two senior students from the College of Medicine of Syracuse University, under direct supervision of the medical attendant of the clinic, who is also an instructor of obstetrics at the College.

During the post-partum, in these cases, the nursing care is given by the Visiting Nurse Association; the medical care is furnished by the clinic physician and students. The further care of the patient includes

a post-partum call six weeks after delivery of the baby. At this time a physical and obstetrical examination is made to determine whether or not reference to the gynecological service or the medical dispensary is advisable. The baby of the patient, at this visit, is registered with the nearest well-baby clinic of the Department of Health.

The supplies needed by these patients throughout pregnancy are furnished at cost price or given gratis, according to the means of the individual. This is made possible by the "Loan Chest," for which supplies are furnished by the Red Cross and the Child Health Committee, both agencies of the Syracuse Community Chest. Hospitalization for the patient



is arranged by the Associated Charities working in conjunction with the Commissioner of Charity of the City.

SEVEN pre-natal clinics are now in operation in Syracuse. They are so distributed as to cover the needs of all sections of the City and are in close proximity to the well-baby clinics. Mothers' health conferences are held at these clinics. Similar talks are given in the children's sections of several department stores.

The Child Health Committee arranges for and provides motor service for the patient to and from the clinics when needed; and a taxi-service for the medical students to facili-



tate prompt arrival at the time of delivery. The Committee, which works in closest co-operation with the Department of Health and the Syracuse Health Demonstration, finances the operation of the pre-natal clinics, furnishes a supervisor of pre-natal nurses, and directs and supervises the operation of clinics and pre-natal nursing service.

The Department of Health has a generalized nursing ser-

vice with a staff at present of twenty-six nurses, all of whom have received practical and didactic instructions in pre-natal care and the technic of clinic nursing, training them to carry on the duties which have already been mentioned. There is a supervisor of pre-natal nurses, who, besides directing the activities of the nursing staff in the pre-natal service, acts in the capacity of an instructor and passes upon the daily reports of observations made by nurses. These observations include readings of temperature, pulse, respiration and blood-pressure; urinanalysis and hemoglobin tests; and inspection for any outward manifestation of disease. Except for the

omission of the obstetrical and physical examination these observations are similar to those made by the physician at the clinic. It is also the supervisor's duty to keep the private physician or the midwife informed, at stated intervals, of the patient's condition.

The nutritionist of the Department of Health, in conference with the medical attendant, outlines a diet suited to the individual needs of each patient. The eight medical attendants are associates in the Obstetrical Department of the College of Medicine and give their services without charge. They not only attend the clinics but supervise the delivery of patients by having students in the home at that time.

DURING the current year a nurse has been added to the staff, to assist in the home at the time of delivery; and a social worker who spends her entire time in connection with the pre-natal service. Renewed efforts have been made to enlist the co-operation of the medical profession in the pre-natal service of the Department of Health.

The past decade has been marked by great progress in pre-natal work, and with the continued effort being made to improve the quality of the care and to increase the scope of the work, the immediate future looks bright for a continued reduction in mortality and morbidity rates among mothers and babies.





MAKING THE CLINIC ATTRACTIVE

by LOUISE FRANKLIN BACHE, *Acting Director,
Bureau of Health Education, Syracuse Health Department*



IT is a platitude that you cannot judge a person until you have been in his place. Unfortunately, few of us ever try to put ourselves in the other fellow's place and look at the world from the angle at which he is forced to see it. If we did, many situations in life might be altered and entire histories changed.

A person who applies to a city clinic for medical aid is generally one to whom adversity has come in some form or other. Bad health brings with it despondency, and when

coupled with poverty and circumstances over which one has little or no power, it presents the most difficult of all situations in life.

We who strive to make our homes attractive, our churches interesting, our business progressive, have done little to introduce these qualities into the clinic. That the clinic must be clean and sanitary is acknowledged. That it should be more than this seldom, if ever, occurs to us.

There is something about the white formality of the usual clinic room, its lack of color and warmth, that affects the entire atmosphere of the place. If it has taken great courage to enter the clinic, it takes even greater courage to stay.

There are clinics, however, in which an entirely new order of things is in progress today. In Syracuse we are trying to make our clinics as attractive and inviting as possible. In the health centers in the foreign districts we have resorted to the foreign railroad and steamboat posters with their charming color and artistic conceptions. Let us put ourselves in the place of the man to whom misfortune has come. Think what it would mean if, having been born in Poland or Italy, we had journeyed to a new country where misfortune and sickness had overtaken us. We are filled with dread at the thought of seeking aid from those whose ways seem so at variance with ours. At last we are persuaded to visit this strange place called a clinic. The first thing that meets our eyes is a scene from our own homeland. Is it not possible that the wall of reserve which we have built up because of our fear of the unknown may be undermined, and that we may begin to look at the nurse and the doctor as friends who will give us only kind and wise advice?

BUT not for sentimental reasons alone do we use the wall space of our clinics. We employ them for educational purposes as well. While the patient sits and waits for his

turn to receive treatment there is an excellent opportunity to give him some much needed health lessons. If, realizing this, we seize the chance to paste the walls over with a multitude of health posters, we may attract the patient's attention, but he only a jumbled which have meaning to this we take a emphasizing health truth importance of or the value of sunlight and display this set. Then these removed and the educational plan is put up for its term. In this way a constant educational program is going on in the clinics.

Exhibits also have their part to play. We have an exhibit showing a model "house of health" for a family of small means. Captions call attention to the desirable features of the house. For instance, the spectator is asked to observe that there is very small furniture for the very small children; that the household furniture is substantial but not ornate; that the draperies will launder easily; that the pleasantest bedroom and the one with the greatest number of windows is given over to the children; that the windows are kept open, top and bottom, in order to assure the right ventilation; that the sink is arranged for the comfort of the housewife; that screens are used in the windows; and that the baby has a crib instead of a cradle. Thus practical advice is not only given but it is illustrated in a way that makes it easy to



goes away with up mass of facts little or no him. To avoid set of posters one particular (such as the the right foods, fresh air, exercise) and for one month. posters are another unit in

assimilate; and the time spent in waiting for treatments becomes as entertaining as it is instructive.

RACKS of literature may serve as another valuable way of interesting patients in their own health. It is when a man is sick that he is the most ready to receive advice about how to keep well. Most of the people who seek advice in a clinic are people with limited educational advantages. The literature prepared for them must therefore be simple. If you give a patient a book which looks like a textbook because of its many pages of fine print, you have lost a good opportunity, because he gets nothing out of it. Let the literature provided be clear and to the point in its text; endow it with large print; illustrate it profusely; make it attractive and cheerful, and you will again multiply the benefits carried away from the clinic.

One of the weaknesses in most large health organizations is its clinic literature. There is very little good health material on the market. There is a quantity of advertising material, but this is generally designed to emphasize the product for which it stands at the expense of competitive products. To assist health workers in Syracuse, we have compiled albums of sample health literature, suitable for use in the clinics. Before a new sample is placed in the album and thus made available for ordering, it must be approved by a committee which has been designated for this purpose.

Similarly, there are few good health posters. One wishes all the health organizations would band together and finance some really artistic products for use in promoting health. Poor drawing and composition do much to destroy the value of the health lessons by rendering them unattractive. Color on posters is found to be a very potent factor in compelling interest. It is also found that it takes one kind of poster to attract a child and another kind to interest an adult.

Health messages must be simply stated and not too difficult. It is much harder to write your message in one line than it is to compose an entire essay and it takes more time. Since posters are meant for the man who reads as he runs and for the man who gets his health lessons in a sitting, there is only one rule for the captions, and that is that they must be simple and direct.

Flowers lend charm to any room, in the clinic as well as the home. Wherever flowers or posters are used, wherever literature or exhibits are displayed, extra work is involved on the part of the workers in the clinics. Flowers which are allowed to become dried or wilted; posters that "hang by their thumb nails" until they are dusty and forlorn; health literature that lingers in the rack until it curls at the ends from sheer ennui; exhibits which are allowed to exist as collectors of dust, have no place in any educational or health system. If, however, through this extra effort these things that will make the clinics more attractive and instructive are maintained, extra happiness and health will be brought to those who visit them.





*P*ossibly the greatest contribution of a distinguished character that America has made to public health is the development of the work of the public health nurse.

—HON. WILLIAM H. WELCH, M.D.



PUBLIC HEALTH NURSING IN SYRACUSE

by AGNES J. MARTIN, R.N.

Director, Bureau of Nursing, Syracuse Health Department

WHEN the urban health demonstration was begun in 1923, the situation as to public health nursing in Syracuse was briefly as follows:

(1) The Health Department provided two nurses for the Bureau of Tuberculosis; three for the Bureau of School Inspection, serving the Bureau of Child Hygiene; and one for the Bureau of Communicable Diseases. These nurses operated independently, and each one was responsible to the bureau chief of her particular service.

(2) In the School Health Service of the Department of Pub-

lic Instruction there were twelve nurses in the specialized field of school nursing for public schools and they were responsible to the director of the School Health Service.

(3) The Visiting Nurse Association had a director and fourteen nurses giving bedside service in the home. It supplied a nurse to the pediatric and prenatal clinics of the Free Dispensary, and one for the prenatal clinic sponsored by the Junior League.

(4) The Child Health Committee of the Community Chest maintained six well-baby clinics



and one pre-natal clinic, with six nurses, who were responsible to the officers of the Committee.

(5) A small number of nurses were employed for emergency work in industrial plants..

One of the first recommendations growing out of the work of the Syracuse Health Demonstration dealt with the problem of public health nursing. It was felt that a generalized plan of nursing in the Syracuse Health Department, if it could be worked out, would be both efficient and economical. Meantime, there had been some developments:

(1) In the Department of Health, two nurses had been added to the Tuberculosis Bureau, one to the Bureau of

School Inspection, one to the Bureau of Venereal Diseases, and one to the Bureau of Communicable Diseases. In the Child Hygiene Bureau, an amalgamation of the Child Health Committee nurses and City nurses had been effected, bringing all nurses and doctors in this field under the direction of the bureau chief, with a Child Health Committee nurse as acting supervisor of nurses. This was the first step in co-ordinating the nursing activities of the City.

(2) The School Health Service of the Department of Public Instruction had been augmented by six school nurses.

(3) The Onondaga Health Association had appointed a

public health nurse to do intensive tuberculosis and social service work in a small Italian district, and a follow-up worker for Camp Hillcrest.



THE first steps in the organization of the generalized nursing program were taken early in 1925. The Health Department and Child Health Committee nurses adopted a common uniform (dark blue), and for the first time met as a single group in an office provided for them. A director was appointed April 1, 1925, for the twenty nurses working under the direction of the Health Department. The salaries of two of the Child Health Committee nurses and of all the nurses supported from funds appropriated by the Milbank Memorial Fund, except the Director, were assumed by the City early in 1925; as were also the salaries of two of the six nurses who had been added to the Public School Health Service.

A general course of instruction in the principles of public health nursing, covering the various services, was given to all the specialized nurses throughout the spring and early summer months; and each nurse was assigned to new nursing activi-

ties in addition to those of her former special field of services. Thus they received preparation for entering the generalized service in September.

The Health Department, through a co-operative arrangement with the College of Medicine of Syracuse University, took over the four pre-natal clinics already established. Two additional clinics were opened as out-patient departments of hospitals. The Health Department nurses were designated to give assistance in these clinics and supervision in the patient's home.



The City was divided into fifteen districts. The division was based on a study of the population, vital statistics, tuberculosis registration, economic conditions, natural boundaries, and transportation facilities. Specialized activities already established (such as pre-natal, well-baby and chest clinics, and medical inspection in parochial schools), and the number of nurses available for field work were also taken into consideration. It was planned that each district should have one or more specialized clinic activities to which the nurse was assigned, while at the same time she was assigned for general nursing. This plan gave the nurse a district home where the people in that particular district would know she might be found at certain definite times. This idea was carried out in all but two districts where the nurses assigned to these districts alternated monthly in the service connected with the Free Dispensary chest clinic.

Two periods were established for reporting at the office for work on records and to receive new assignments — 9:30 a.m. and 1:30 p.m. Nurses assigned to school supervision reported at their respective schools in

the morning and at the office in the afternoon. Nurses on duty at afternoon clinics reported at the office in the morning. The record work consisted mainly of daily reports and social histories. The latter were made on such cases as tuberculosis, babies under observation, school children unable to pay for needed correction of physical defects, and registered pre-natal cases.



SERVICE was provided for thirty-one clinic periods weekly: diphtheria prevention, two; vaccination, two; pre-natal, six; pre-school, three; well-baby, ten; and chest, eight. Ordinarily, one nurse could give all the service needed at a clinic. In well-baby clinics volunteers are used.

It was planned to give only the first hour or two of the day to the school hygiene service, depending on the size of the school. The routine school activities consist of monthly inspections, room by room, for contagion, or more frequent if necessary; daily inspection of cases referred; emergency treatment; assisting with physical examinations and immunity tests and with the necessary follow-up in the homes for these

services. The Director of School Health Service of the public schools became Chief of the Bureau of School Inspection in the Department of Health on April 1, 1926, thus unifying the direction of this work in the public and parochial school systems.

The pre-natal work consists of following up cases registered in the clinics, teaching the hygiene of pregnancy, arranging for confinement either in the home or hospital, and securing the necessary supplies. As these clinics are used for teaching purposes by the Medical School the nurse has unusual opportunities for learning about normal and abnormal conditions in the pregnant woman.

The child welfare work was approached from two angles: through delivering birth certificates, and from attendance at clinics. When the nurse delivers a birth certificate she classifies the baby for future observation. The classification is in three groups, and is based on



the need of supervision, as indicated by the condition of the infant, the apparent intelligence of the mother and the economic condition of the home. No further calls are planned for the "first-class" baby; those in the second group are referred to the well-baby clinics and placed on a list

to receive home calls three to six months later; those in the third class receive monthly home visits, and clinic service for them is regularly urged. The follow-up work for clinic babies consists of the usual supervision of diet and hygiene.

All dispensary cases of tuberculosis are followed to assure the return of the patient to the clinic for further observation, to teach him what precautions should be taken against spreading the disease, and to supervise "contacts." This home service is given also on occasion to tuberculous patients under the care of private physicians.

In cases of contagion the nurses do not placard. They

do, however, supervise and arrange the type of quarantine, and indicate whether it shall be complete or modified. They take cultures from "contacts," and final cultures before release of quarantine cases. The cases investigated are those on which the State Department of Health requires epidemiological reports. The nurses also serve at the immunization clinics.

Early in 1926 it was found that some of the nursing districts were too large. This was especially apparent in instances where there were two day-nurseries to supervise, with a daily average of fifty to seventy-five children, or where special diphtheria-immunization campaigns were under way, or where service was required for a diagnostic clinic five afternoons a week.

Building for permanency is apt to be slow, just as education itself is a slow process. It has seemed better in Syracuse to enter fewer homes at first and establish a higher degree of efficiency in our service, rather than to visit more homes and do it slightly. As the nursing staff increases the territory covered by it also expands. That the system is establishing itself is indicated by an increased number of cases referred to the Bureau of Nurses by the local social agencies; by a large number of personal applications made through letters; by the increasing clinic visits, telephone calls and requests for speakers on the work; and by the story of what has been accomplished as told by our statistics.







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